

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8801	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/07/2011
NAME OF PROVIDER OR SUPPLIER  GENERATIONS CENTER OF SPENCER			STREET ADDRESS, CITY, STATE, ZIP CODE 87 GENERATIONS DRIVE SPENCER, TN 38585		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	1200-8-6-.08(2) Building Standards  (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.  This Rule is not met as evidenced by: Based on observations it was determined the facility failed to comply with the state building standards.  The findings include:  Observations of the 100, 200, 300, and 400 corridors on 2/7/11 at 10:00 AM, revealed the access ceiling doors were all open allowing cold air from the attic to enter the corridors. Tennessee Department of Health (TDOH) 1200-8-6-.08(2)  These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/7/11.	N 832	The facility failed to comply with state building standards. The ceiling doors were closed by the maintenance director on 02-07-11. All maintenance personnel were in-serviced on 02-15-11 by the administrator to ensure access ceiling doors remain closed. The safety officer/C.N.A. will complete a weekly inspection at random for the next ninety (90) days and then monthly thereafter and report findings to the quality assurance director/L.P.N. The quality assurance committee will review findings and make recommendations as needed.	02-15-11	
N 901	1200-8-6-.09(1) Life Safety  (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.  This Rule is not met as evidenced by:	N 901	The facility failed to comply with life safety codes. The secondary locks were removed from the handicap bathrooms on 02-11-11 by the maintenance director. An environmental check completed on 02-11-11 by the safety officer revealed no other handicap accessible locations within the facility with secondary locks. The safety officer will complete a monthly inspection of doors cont. to next page:	02-11-11	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6822

53F721

If continuation sheet 1 of 2

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N 901	<p>Continued From page 1</p> <p>Based on observations it was determined the facility failed to comply with the life safety codes.</p> <p>The findings include:</p> <p>Observations of the 2 handicapped bathrooms on 2/7/11 at 9:30 AM, revealed double locks on the inside of the doors. National Fire Protection Association (NFPA) 101, 7.2.1.5.4</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/7/11.</p>	N 901	<p>cont. from previous page:</p> <p>and locks to ensure secondary locks are not present on handicap accessible locations and report findings to the quality assurance director/ L.P.N. The quality assurance committee will review findings and make recommendations as needed.</p>	02-11-11	